24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GERALD JOHN JENNINGS II FOR PRESIDENT	
	C C00579847
Check if Z 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y H Y H Y
Full Name of Payee	Date of Public Distribution/Dissemination
Got Print.com	M M / D D / Y Y Y Y
Mailing Address	06 24 2015 Amount
	Allount
City State Zip Code	28.97 Transaction ID: WFT2015524144-1 Date of Disbursement or Obligation
Purpose of Expenditure Advertise Category/ Type	06 / 24 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jennings John Gerald II Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee Got Print.com	Date of Public Distribution/Dissemination
Mailing Address	06 24 2015
	Amount
City State Zip Code	28.97 Transaction ID : WFT2015524144-2
	Date of Disbursement or Obligation
Purpose of Expenditure Advertise Category/ Type	06 / D D / Y Y Y Y Y Y 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jennings John Gerald II Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016.00	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	57.94
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 410	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF 2 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ GERALD JOHN JENNINGS II FOR PRESIDENT C00579847 Check if \times 24-hour report New report 48-hour report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Got Print.com 2015 06 24 Mailing Address Amount City State Zip Code 28.97 Transaction ID: WFT2015524144-3 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertise 06 24 2015 Type Name of Federal Candidate Office Sought: Support House District: Jennings John Gerald II Oppose President Senate State: Primary General Disbursement For: Calendar Year-To-Date 2016 2016.00 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 28.97 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 86.91 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Jennings John Gerald II [Electronically Filed] 06 24 2015 Date Signature